Orbital Pseudotumor with Wegener's Granulomatosis Developing Antiphospholipid Syndrome

Authors: Tatiana Rosca MD, PhD, Cristina Tanaseanu MD, PhD, Codrut Sarafoleanu MD, PhD

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Investigations

ESR = 40 mm/hour; β2GPI = 51, Thrombophirine = 450,000, Hb = 135; The investigations for WG (ANCA) = 1, ENSA = 2, C-reactive protein = normal;

Lung: pulmonary edema and right hilar;

Kidneys: AP max = 1,700mg, creatinine = normal;

Left breast nodules 2 cm on axillary ganglion, APS?

ESLA for Lysteria IgM = 1,305 (N=0,500)

December 2005

WEGENER Disease with pluriorganic implication + ANTIPHOSPHOLIPID SYNDROME

Clinical progress under the treatment, but vision loss in OS

CT confirmed late surgery intervention

Wegener granulomatosis was diagnosed by under skin biopsy and the antiphospholipid antibodies is decelated by maxillary puncture.

Mesenteric infarction

Mesenteric infarction

CT confirmed late surgery intervention

Biopsy + pulmonary exam

The 4th day after decompression surgery the decompression surgery

Clinical progress under the treatment, but vision loss in OS

Treatment

Decompression surgery

Left orbit panniculitis

Dipsia intravenously-eliminate modifications (granulation tissue?) of the level of the left peristaltic soft tissue and wall, infiltrating extrinsic oculc muscles, lacrimal gland and partly retrobulbar left tissue.

Decompression surgery

After 2 years of positive progress Clinical evaluation every 3 months

2006

• Antibodies anti-

• C3 = 0,5 mg/l

• • calcium channel blockers

• • Coversion enzymes inhibitor

• Statine

• Acenocumarol (Sintrom)

• Sulodexide

• Prednisone

REFERENCES

2001-2004

• ENTH Consultation – Codrut Sarafoleanu MD, PhD

2008

After abdominal paresis for 4-4 days

After 2 years of positive progress Clinical evaluation every 3 months

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Conclusion:

1. Could the infection be the trigger of the catastrophic evolution of the Wegener granulomatosis?! Is there any possibility that the human body should produce antiphospholipid antibodies to protect vessels endothelium against any aggressive infection?! 

Granulomatosis ………. pyocyaneus 
Orbital inflammatory pseudotumor ………..Lysteria 
……..APS 
Granulomatosis………..SEPSIS ………CAPS………..DEATH

References